

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048067

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 301

FILED DEC 21 1962

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 N. Fourth St.		d. STREET ADDRESS (If outside, give location) 402 N. Fourth St.	
3. NAME OF DECEASED (Type or print) First Middle Last Frances M. Linhoff		4. DATE OF DEATH Month Day Year Dec. 14, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1897
9. AGE (last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benard Reiling		13b. MOTHER'S MAIDEN NAME Rose J. Geisert	
14. NAME OF HUSBAND OR WIFE Robert Linhoff Sr.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Robert Linhoff Jr., St. Anns, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c) <i>Coronary Arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i> <i>5 minutes</i> <i>unknown</i>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Charles		COUNTY St. Charles	
20g. STATE Missouri		21. I attended the deceased from <i>January 1961</i> to <i>December 14, 1962</i> and last saw her alive on <i>November 16, 1962</i> Death occurred at <i>7:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Don Z. Randall M.D.</i>		22b. ADDRESS <i>220 S. 6th St. Charles Mo.</i>	
22c. DATE SIGNED <i>December 1962</i>		22d. LOCATION (City, town, or county) St. Charles, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 17, 1962	
23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		23d. LOCATION (City, town, or county) St. Charles, Mo.	
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo.		25. DATE RECD. BY LOCAL REG. Dec 14, 1962	
26. REGISTRAR'S SIGNATURE <i>Marcella W. Lion</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles J. Macke*

Licensed Embalmer No.

*4530*

P. O. Address

*St. Charles, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.